



Customer Name:

Customer #:

Primary With McKesson? Yes ☐ No ☐

McKesson Sales Representative:

McKesson DC:

\*Operations Review:

\*Regulatory Review:

Regional Director Regulatory Affairs (signature and date approved):

\*\*\*Reviews and/or approvals may be indicated through SharePoint confirmation

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CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER

MC-WV-00185.00001

MCK-WVAG-003-0000370  
MCKMDL00354574

MC-WV-00185

## Pharmacy Questionnaire

☐ New customer go live date:

☐ Existing customer since (MM/YY):

### I. General Information & Licensing

a. Pharmacy name: \_\_\_\_\_  
 DBA \_\_\_\_\_ (if name differs from Corporate name)

b. Pharmacy address:

c. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

d. Pharmacy email address: \_\_\_\_\_

e. Pharmacy license (Include all states in which you are/have been licensed in the past 3 years)

State	License #	EXP Date

f. DEA registration number/exp date: (list all)

\_\_\_\_\_

i. Does address on registration match pharmacy actual address?  
☐ Yes ☐ No

ii. What schedule(s) of controlled substances is the pharmacy authorized to dispense? \_\_\_\_\_

g. Licensure of Pharmacists

Owner is PIC ☐

Pharmacist-in-charge (PIC) (List all states you are/have been licensed for the past 3 years)

Name	State	License #	Exp Date

Additional Pharmacists & Pharmacy Technicians

Name	State	License #	Exp Date

**II. Ownership/Business History** (Please include all 5% owners)

## a. Owner Information

Owner(s) name:

DBA:

Address:

Phone:

List education/profession if other than Pharmacist

## b. Ownership type:

☐ Sole proprietor

☐ Corporation, if so State \_\_\_\_\_

☐ Partnership

## c. Number of years owner has operated current pharmacy \_\_\_\_\_

 d. Owner operates/has operated additional pharmacies ☐ Yes ☐ No

Pharmacy Name	Address	DEA#/Exp Date

\*Add additional information to table in appendix A below as needed.

 e. History. Please provide explanation below for any **Yes** answers.

i. Has any current owner been convicted/charged with a felony and/or any crime related to fraud/controlled substances?

☐ Yes ☐ No

ii. Has pharmacy ever had DEA registration suspended, revoked, subject to a memorandum of agreement/understanding, or been subject to discipline?

☐ Yes ☐ No

If yes, attach copy of document.

iii. Has pharmacy ever been disciplined by a State board or is there a current disciplinary action or known investigation pending?

☐ Yes ☐ No

iv. Has pharmacy owner ever been subject to a DEA issued disciplinary action regarding this location or any other location, or is there a current known investigation pending?

☐ Yes ☐ No

- v. Has any pharmacist currently employed at the pharmacy ever been subject to a disciplinary action by the State or by any regulatory agency within the past 10 years?

☐ Yes ☐ No

- vi. Does the pharmacy possess any other registration/license (wholesale, repackage)?

☐ Yes ☐ No

- vii. Does pharmacy ship controlled substances into any states it is not licensed for?

☐ Yes ☐ No

If yes, has pharmacy/owner acknowledged the pharmacy's responsibility for knowing and complying with all federal and state licensing registration laws including out-of-state requirements?

☐ Yes ☐ No

- viii. Has any previous wholesaler / manufacturer ceased shipping or restricted purchases of controlled substances to this pharmacy in the past 5 years?

☐ Yes ☐ No

Explanation:

- ix. Has any previous wholesaler / manufacturer ceased shipping or restricted purchases of controlled substances to a pharmacy that was owned or is owned by current owner/s during the past ten years?

☐ Yes ☐ No

Explanation:

- f. Does the pharmacy conduct criminal background checks on all employees involved in pharmacy operations?

☐ Yes ☐ No

- g. Does the pharmacy employ as an agent or employee who has access to controlled substances, any person who has been convicted of a felony offense related to controlled substances or who, at any time, had an application for a DEA registration denied, had a DEA registration revoked, or voluntarily surrendered a DEA registration?

☐ Yes ☐ No

If yes, has the appropriate waiver been obtained from the DEA?

☐ Yes ☐ No

### III. Business Information

a. Business classification:

- i. Retail
- ii. Independent
- iii. Mail order
- iv. Internet
- v. Closed pharmacy
- vi. Wholesaler

b. List wholesale distributors or manufacturers from whom you have sourced controlled substances in the last 24 months

Wholesaler/Mfg	Primary	Secondary

c. Pharmacy schedule

- i. Days and hours of operation:
- ii. Days and hours which prescription for controlled substances are filled (if different from regular hours of operation):

d. How do new prescriptions come to the pharmacy (please express as a percentage)?

Walk-in \_\_\_\_\_

Phone \_\_\_\_\_

Fax / E-prescribing \_\_\_\_\_

Internet \_\_\_\_\_

e. Is the pharmacy affiliated with an Internet Website or have its own website? If yes, list web addresses \_\_\_\_\_

f. Does pharmacy download and fill prescriptions from a website? If yes list web address \_\_\_\_\_

## g. Pain Management Clinics

i. Does pharmacy provide direct service to Pain Management Clinics?

☐Yes ☐No

ii. If yes, what % of scripts does the pharmacy receive from pain management clinics? \_\_\_\_\_

iii. If yes, what % of the pain management scripts are for controlled substances? \_\_\_\_\_

h. Does pharmacy service nursing homes, long term care or hospice facilities?

☐Yes ☐No

i. Is pharmacy located within a medical center or clinic?

☐Yes ☐No

j. Does pharmacy regularly fill controlled substance prescriptions written by out of state providers?

☐Yes ☐No

If yes, please estimate the number of controlled substance prescriptions received per month that are written by out-of-state providers:

If yes, please explain the circumstances under which such prescriptions are received and filled:

k. What are the areas of specialty of the doctors' practices for which the pharmacy dispenses controls?

(Express as %)

l. Does the pharmacy distribute controlled substances to retail pharmacies or other practitioners?

☐Yes ☐No

If yes, does the pharmacy comply with the 5% rule? (See Appendix B)

☐Yes ☐No

m. Does the pharmacy query the state prescription drug monitoring program before dispensing a prescription for all controlled substances?

☐Yes ☐No If no, please explain

#### IV. Prescription Information

a. If requested, as per Appendix C, obtain 3 full months of prescription data from the pharmacy.

b. Has the pharmacy experienced any growth in prescription volume during the past 12 months?

If yes, explain?

c. Method of payment to the pharmacy:

i. Total number of prescriptions paid for using the following methods of payment, for all types of prescriptions (including non-controlled substances, listed chemicals, and controlled substances) filled during each month. Please obtain report from pharmacy management system (without confidential pricing information), if available.

Private Insurance:

Medicare/Medicaid:

Cash:

Other:

**McKesson Sales Representative**

**Owner/Pharmacist**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Physical Inspection

(Completed by McKesson representative)

- a. General description of pharmacy and surrounding area in which business is located, include condition of the pharmacy.
- b. Is there any unusual signage in the pharmacy (i.e., "cash only" or "we do not accept insurance")? List or describe.

Photograph pharmacy outside and inside include front entrance, pharmacy interior, and pharmacy counter.

### Appendix A: Additional Pharmacies Operated by the Owner.

Pharmacy Name	Address	DEA#/Exp Date

**Appendix B:** 5% Rule – As per 21 CFR 1307.11(a) – “total number of dosage units of all controlled substances distributed by a pharmacy may not exceed five percent of all controlled substances dispensed by the pharmacy during a calendar year. If at any time the controlled substances distributed exceed five percent, the pharmacy is required to register as a distributor”.

### Appendix C: Script Data Request Form

Script Data Request Form